

Excel 2 Excellence Spring Youth Football League REGISTRATION FORM (UPDATED 12/2014)

Today's Date:				Team/Association [If known]:						
PARTICIPANT INFORMATION										
Player's last name: First:			Middle: School:							
Siblings participating in the league this season?	Primary Contact Name:			Primary Contact Phone:		Date of Birth: Age on 4/1/		/1/2015:	Male	
Yes No									Female	
Address:										
Email Address: Home phone no.:						Cell phone no.:				
Chose participation (Please choose one option): Football Cheerleading										
The E2E (Excel 2 Excellence) Board's acceptance of a participant's registration is conditioned upon the player's, parents, guardians, family members, & Guests complying with all provisions of the by-laws, Code of Conduct, & Registration for of the League. DMY ID CARDS – FOOTBALL PLAYERS ONLY										
All Football Players must have a DMV ID Cards. DMV Cards must be provided to the league by E2E's Roster night or as an add-on at the first Scrimmage. VERIFICATION OF E2E LEAGUE POLICIES										
WE THE PARENTS/LEGAL GUARDIAN OF DO HEREBY GIVE OUR FULL CONSENT FOR THIS CHILD TO PARTICIPATE IN ALL ACTIVITIES OF THE EXCEL 2 EXCELLENCE SPRING YOUTH FOOTBALL LEAGUE. (Check box to right)										
IT IS AGREED THAT THE ASSOCIATION, ITS DIRECTORS, OFFICERS, COACHES, AND/OR OTHER OFFICIALS SHALL BE HELD HARMLESS AND SAID PERSONS ARE HEREBY RELIEVED OF ANY RESPONSIBILITY FOR ANY INJURY RECEIVED WHILE PARTICIPATING IN ANY PRACTICE, GAME, OR WHILE TRAVELING TO AND FROM EITHER. IT IS FURTHER UNDERSTOOD THAT INSURANCE OBTAINED BY THE ASSOCIATION TO COVER MEDICAL EXPENSE INCURRED FOR INJURIES RECEIVED WILL BE WITH A REPUTABLE FIRM. (Check box to right)										
I CERTIFY THAT I HAVE READ & UNDERSTAND THE E2E CODE OF CONDUCT AS POSTED ON THE WEBSITE. BY SIGNING THIS I AGREE THAT WE, OUR FAMILY, OUR YOUTH & GUESTS WILL ABIDE BY THE CODE OF CONDUCT OF THE LEAGUE. (Check box to right)										
WE THE UNDERSIGNED HEREBY ALSO AGREE TO ALLOW THE LEAGUE TO POST IMAGES OF OUR CHILD ON THE LEAGUE'S WEBSITE AND NEWSLETTER. (Check box to right)										
IT IS UNDERSTOOD THAT THE E2E REGISTRATION FEE IS NON-REFUNDABLE AND THERE IS NO GUARANTEE OF EQUAL PLAYING TIME.										
Is there any Medical Conditions or Medications being taken that the League and/or coaches should be aware of : No Yes If Yes Please Explain Below:										
SECONDARY CONTACT AND SIGNATURES										
Name of local secondary contact (not living at same address):				Relationship to participant:		t: Home p	ohone no.:	no.: Work phone no.:		
The above information is true to the best of my knowledge. In case of Emergency, or the physician cannot be contacted, I hereby authorize (PARTICIPANT)										
(DOB of Participant) Hospital Preferred: Insurance Company:	To b		ualified	l licensed physician v	vho is av	railable.				
Parent/Guardian signature						Date	Date			